

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS: (Note: Use Block 1 for any change of address)

R. Burns Israelson
Workman, Nydegger & Seeley
1000 Eagle Gate Tower
Salt Lake City, Utah 84111

06/21/2005 ENGUYEN1 00000038 09997656

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 15.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Beth L. Maniam (Depositor's name)
Beth L. Maniam (Signature)
June 20, 2005 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/997,656 | 11/29/2001 | Richard S. Ohran | 14113.21.1 | 7388 |

TITLE OF INVENTION: DUAL CHANNEL RESTORATION OF DATA BETWEEN PRIMARY AND BACKUP SERVERS

| APPLN TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 07/29/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| BONURA, TIMOTHY M | 2114 | 714-015000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Workman Nydegger

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
EMC CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Hopkinton, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

R. Burns Israelson

Date

June 20, 2005

Typed or printed name

R. BURNS ISRAELSEN

Registration No.

42,685

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



WORKMAN | NYDEGGER

1000 Eagle Gate Tower
60 East South Temple
Salt Lake City, Utah 84111
Phone: (801) 533-9800
Fax: (801) 328-1707

FAX TRANSMISSION COVER SHEET

Date: June 20, 2005
To: Issue Fee
United States Patent & Trademark Office
Fax: (703) 746-4000
Phone:
From: R. Burns Israelsen
Our File: Serial No.: 09/997,656
Filing Date: November 29, 2001
Our Docket: 14113.21.1


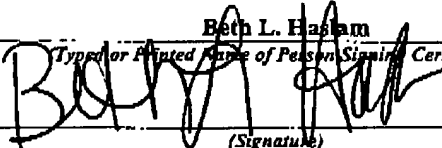
YOU SHOULD RECEIVE 5 PAGE(S), INCLUDING THIS COVER SHEET. IF
YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 801-533-9800

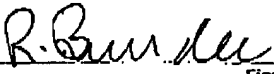
Comments:

Please see attached.

PRIVILEGED AND CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

| | | | |
|---|---|--|--------------------------------------|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) | | | Docket No. |
| Applicant(s): Richard S. Ohran | | | 14113.21.1 |
| Application No. 09/997,656 | Filing Date 11/29/2001 | Examiner Bonura, Timothy M. | Group Art Unit 2114 |
| Invention: DUAL CHANNEL RESTORATION OF DATA BETWEEN PRIMARY AND BACKUP SERVERS | | | |
|  | | | |
| I hereby certify that this _____ Issue Fee _____ (Identify type of correspondence) | | | |
| is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (703) 746-4000) | | | |
| on <u>June 20</u> , 2005 (Date) | | | |
| <div style="text-align: right;">Beth L. Haslam _____ (Typed or Printed Name of Person Signing Certificate)  _____ (Signature)</div> | | | |
| Note: Each paper must have its own certificate of mailing. | | | |

| | | | | | | |
|---|----------------------------------|---------------------------------------|-------------------------------|-------------------------------|---------------------------------|--|
| TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311) | | | | | Docket No. 14113.21.1 | |
| Applicant(s): Richard S. Ohran | | | | | | |
| Application No. 09/997,656 | Filing Date 11/29/2001 | Examiner Bonura, Timothy M. | Customer No. 022913 | Group Art Unit 2114 | Confirmation No. 7388 | |
| Invention: DUAL CHANNEL RESTORATION OF DATA BETWEEN PRIMARY AND BACKUP SERVERS | | | | | | |
| Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | |
| Transmitted herewith are the following for the above-identified application. | | | | | | |
| <input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85 | | | | | | |
| <input checked="" type="checkbox"/> Utility Fee: <u>\$ 1400.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____ | | | | | | |
| <input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u> | | | | | | |
| <input type="checkbox"/> A check in the amount of _____ is attached. | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 23-3178 as described below. | | | | | | |
| <input type="checkbox"/> Charge the amount of _____ | | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee required. | | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  _____ <i>Signature</i> | | | Dated: June <u>20</u> , 2005 | | | |
| R. BURNS ISRAELSEN Attorney for Applicant Registration No. 42,685 | | | | | | |
| CC: | | | | | | |
| Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account. | | | | | | |
| Certificate of Mailing by First Class Mail | | | | | | |
| Certificate of Transmission by Facsimile I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No. _____) on _____ (Date) _____ Signature _____ Typed or Printed Name of Person Signing Certificate | | | | | | |
| Certificate of Mailing by First Class Mail I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence | | | | | | |